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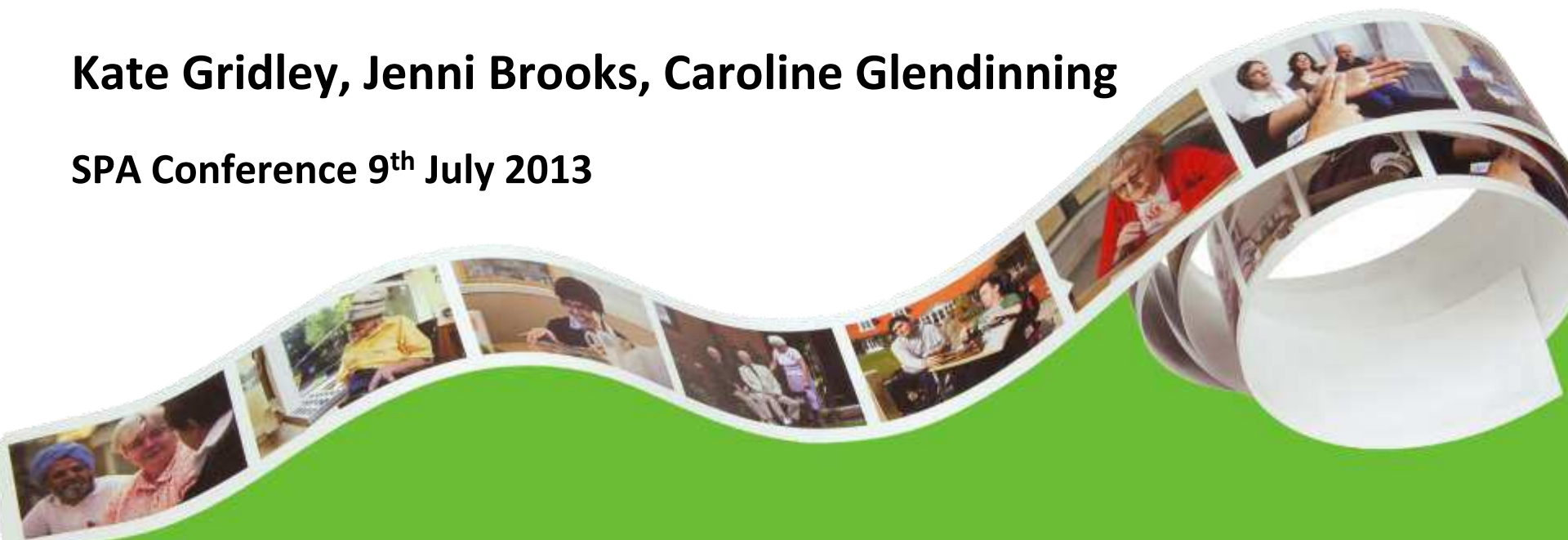
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Improving the evidence base for adult social care practice

Good social care for people with complex needs. A scoping study

Kate Gridley, Jenni Brooks, Caroline Glendinning

SPA Conference 9th July 2013



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Background

- ◆ Growing numbers of people with severe and complex needs:
 - ◆ ‘New’ aging populations
 - ◆ Developments in medical technology
 - ◆ Population aging
- ◆ Small numbers but high costs
- ◆ Multiple and specialised service needs
 - ◆ Don’t fit neatly in ‘boxes’

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Policy context

- ◆ Personalisation of social care
 - ◆ More choice and control
- ◆ Push towards personal budgets
 - ◆ Allocation of money
 - ◆ Managed by you, the council, or a third party
- ◆ Emphasis on direct payments
- ◆ Is this emphasis always appropriate for people with complex needs?

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Aims of the research

- ◆ Identify features of support arrangements desired by people with complex needs
- ◆ Identify service delivery or commissioning models that have the desired features and the potential to constitute 'good practice'

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The research

- ◆ June 2010 - February 2012
- ◆ Funded by School for Social Care Research
- ◆ 3 stages
 1. Consultation
 2. Literature review
 3. Case examples

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Consultation with people with complex needs





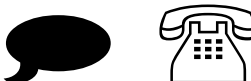
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Three exemplar groups

1. Young adults with complex health problems
2. Adults with traumatic brain or spinal injury
3. Older people with dementia and additional complications

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The consultation

Who?	How many?	How?
People with complex needs	22	
Carers	23	
Professionals	22	
TOTAL	67	

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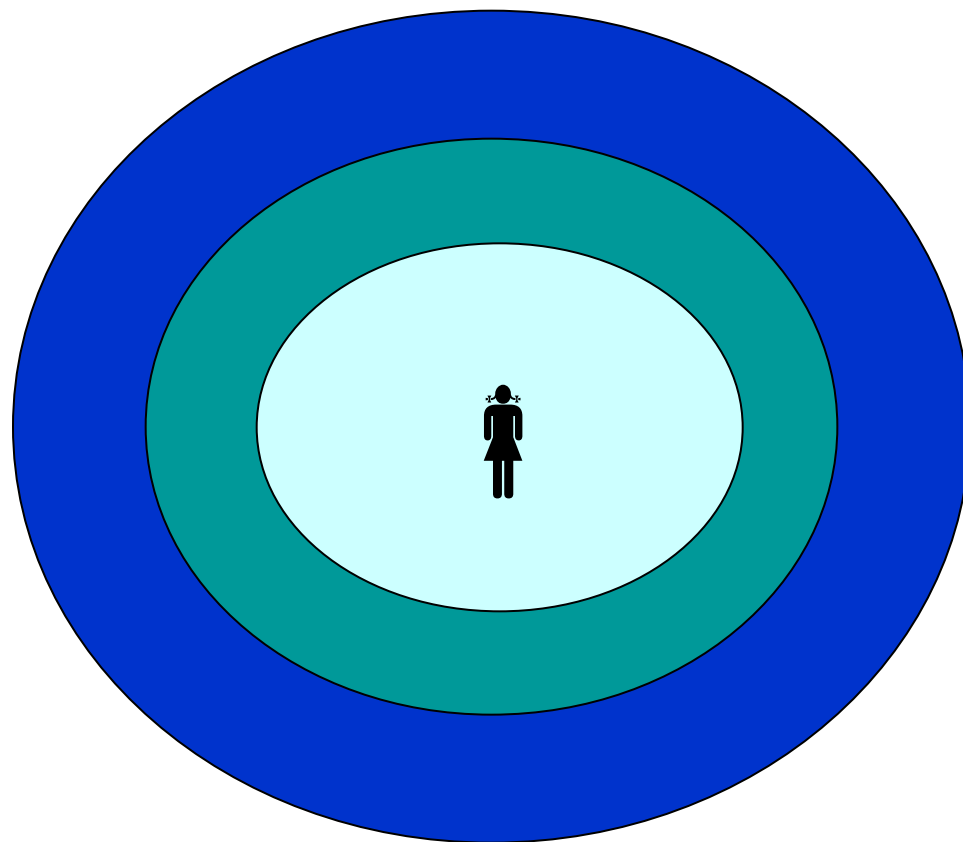
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Findings from consultation



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- 1. Individual level** (everyday support)
- 2. Service organisation level** (arranging support)
- 3. Commissioning level** (strategic funding decisions)



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Findings - individual level

- ◆ Person-centred ways of working
- ◆ Meeting social, emotional and leisure needs
- ◆ Sufficient resources

They're a similar age, and [support worker] drives and he likes music, which is what [young person] likes, so... I think he feels it's like having a friend around really

**Parent of young man
with complex needs**

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Findings - individual level

... with my staff, they've all got [each others'] mobile numbers ... They're not going to ring me and say "I can't come in" and I'm like "it's seven o'clock in the morning, who am I going to get?"

They take the responsibility off us, sort it out, then let me know ...

Woman with brain injury

- ◆ Staff continuity
- ◆ Reliable, well-coordinated support

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Findings - individual level

- ◆ Right attitude and approach

There is some technical expertise in my personal care. I don't think it's beyond the wit of most people, but it's more about having somebody who takes responsibility for doing that, and is able to do it without being constantly reminded about what comes next.

Man with spinal injury

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Findings - service organisation level

If you knew who your point of contact was, that would make it really much easier. Just a simple “this is what I do, this is my number”, I think that would be the biggest help in social services. Nothing fancy, just that.

Young man with complex needs

- ◆ Support to access and use information
- ◆ Help to set up and maintain a support package
- ◆ Key workers and case management
- ◆ Staff with experience and training

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Findings - service organisation level

- ◆ Continuity across services and time
- ◆ Timely, proactive approach

If we'd had four visits much more quickly, then probably we'd have been able to keep the situation under control for longer instead of it turning into a crisis.

Daughter of woman with dementia

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Findings - service organisation level

- ◆ Person-centred ways of working
- ◆ Flexibility

we don't expect people to have an immediate infinite knowledge. The ideal is, you have professionals and providers who are willing to sit down to hear what people have, and to genuinely take on board what may seem some very peculiar [needs]

Professional working with people with brain injury

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Findings - commissioning level

- ◆ Expert commissioners
- ◆ Crossing boundaries
- ◆ Link with providers
- ◆ Link with people with complex needs and their carers

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In summary

- ◆ Good practice is similar for all
 - ◆ How to make this a reality for people with complex needs?
- ◆ Service organisation level important for this group

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Searched for publications about good practice in UK adult social care 1997-2011



Of 5149 publications:

- ◆ 89 met inclusion criteria

Of these:

- ◆ 29 were studies of particular approaches
- ◆ Only 6 reported costs
- ◆ Only 4 were evaluated against a comparison

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Limited evidence for approaches to personalisation

- ◆ 35 papers called for person-centred support
- ◆ About individualising services – not necessarily personal budgets
- ◆ No high quality evaluative studies
- ◆ Common conclusion was that personalised approaches require significant support to set up and manage when a person's needs are complex

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Four 'promising' approaches

- ✓ Multidisciplinary team
- ✓ Intensive case management
- ✓ Specialist social work
- ✓ Inter-professional training



All at
service
organisation
level

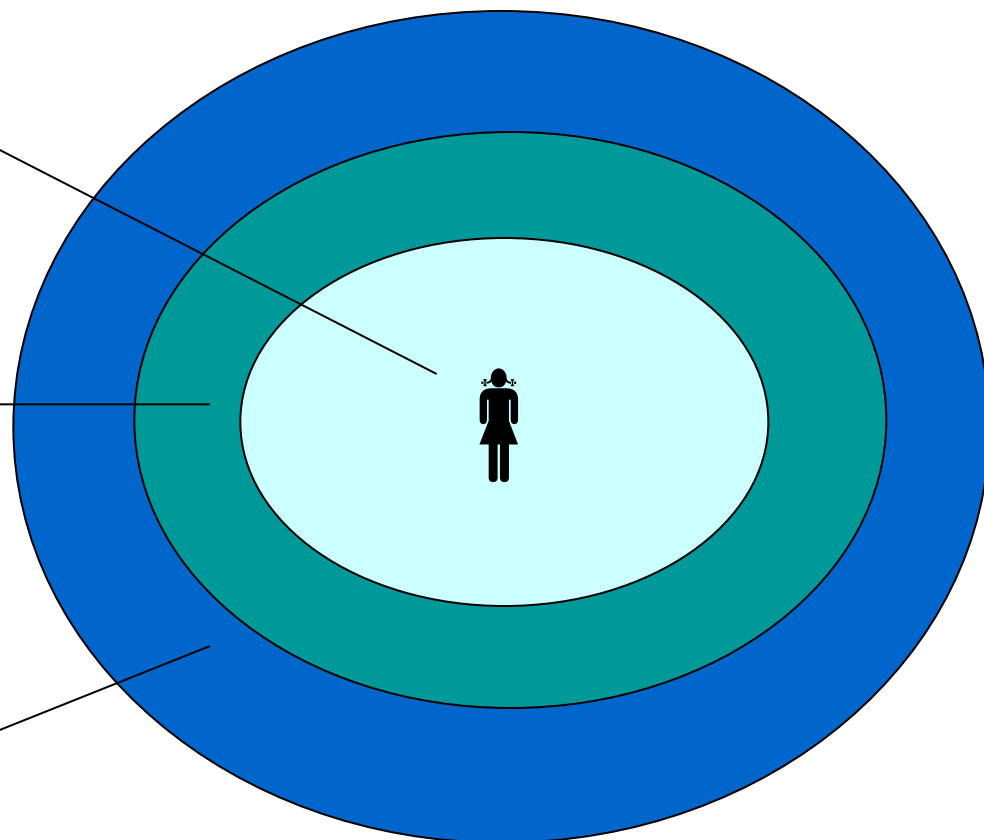
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In summary ...

Individual level (everyday support) - **desire for person-centred ways of working but lack of evidence**

Service organisation level (arranging support) – **some evidence supporting four specific models!**

Commissioning level (strategic funding decisions) - **lack of evidence**



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Questions?

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